



**P. O. BOX 3157
PIKEVILLE, KY 41502
PHONE: (606) 631-9162
FAX: (606) 631-3087
TDD: (606) 631-3711**

October 24, 2008

Energy and Environmental Cabinet
Department for Environmental Protection
William Shane
Surface Water Permits Branch
200 Fair Oaks Lane
Frankfort, Ky. 40601



RE: Mountain Water District
KPDES Application Notice of Deficiency
Johns Creek Day Care Center Treatment Plant
AI No: 3609
Pike County, Kentucky

Dear Mr. Shane:

The Mountain Water District respectfully requests a waiver for the submission of winter and summer temperature testing for the above referenced facility due to the low volume of wastewater ≤ 200 gallons/day.

Thank you for your consideration in this matter. Please contact me with any questions by calling 606-631-6165.

Sincerely,

Will Brown
Manager

Enclosure(s)

cc: Toni Akers, Chairperson
Wastewater System – Johns Creek Day Care 2008 file
DOW – Surface Water Permits Branch 2008 file

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
N/A 001 *	DAY CARE CENTER	196 GAL/DAY	GRIT REMOVAL	1M
	COUNTY MAINTENANCE TRAILER	40 GAL/DAY	TREATMENT BY AERATION	3M
			DISINFECTION	2F
			SLUDGE	5A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	↓
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	↓

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	↓
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	↓

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	↓
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		↓

* - FROM WATER METER READINGS

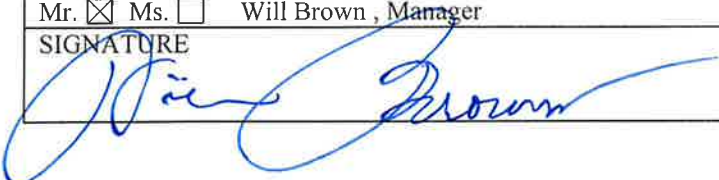
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	N/A		
TOTAL SUSPENDED SOLIDS	2	2	3/90
FECAL COLIFORM			3/90
TOTAL RESIDUAL CHLORINE		0.01	3/90
OIL AND GREASE		N/A	-
CHEMICAL OXYGEN DEMAND		N/A	-
TOTAL ORGANIC CARBON	< 4	< 4	3/90
AMMONIA	13.7	3.6	3/90
DISCHARGE FLOW	200 GALLONS	195.6 GALLONS	1-WATER METER READING
PH	7.1	6.9	3/90
TEMPERATURE (WINTER)	Request Waiver		
TEMPERATURE (SUMMER)	Request Waiver		

B. Frequency and duration of flow:	
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Will Brown, Manager	TELEPHONE NUMBER (area code and number): 606-631-9162
SIGNATURE 	DATE 8/15/08